

JACQUELINE SAMPAIO  
30 MAIN ST STE 17  
ASHLAND MA 01721  
RENEWAL 03/11/2021

DECLARATIONS.MASSACHUSETTS  
BUSINESS AUTO COVERAGE FORM  
SCHEDULE  
Office/Agent:  
Policy No:

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN  
VEHICLE INFORMATION  
DESCRIPTION

Auto No.	Year	Make	Model		Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory Town and State Where the Covered Auto will be Garaged Territory/Premium Town/Zip	
010	2015	MERZ	SPRINTER	TR	42160	Light	ASHLAND 006 631 /	
011	2019	MERZ	SPRINTER	TR	45000	Light	ASHLAND 006 631 /	
Auto No.	Use	Symbol	Age	Class	Radius	Mobile Equipment	Inspect Code	Loss of Use Amount/Days
010	Service		7	011890	Local		9	060 / 030
011	Service		3	011890	Local		9	060 / 030
								/

LIABILITY LIMITS (\* Limit(s) in Thousands)

Compulsory Bodily Injury (\$20,000/\$40,000)		Personal Injury Protection \$8,000 Each Person	Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorist (Compulsory Limits \$20,000/40,000)		Underinsured Motorist	
Auto No.	Premium	Premium	* Limit	Premium	* Limit	Ded.	Premium	Limit	Premium	* Limit	Premium	* Limit	Premium
010	202	15	CSL 1000	838	CSL		INCL	5,000	10	100 300	10	100 300	49
011	202	15	CSL 1000	838	CSL		INCL	5,000	10	100 300	10	100 300	49

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision		*** Waiver of Ded.	*** Loss of Use	*** Towing and Labor
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium			
010	ACV				500	180	500	416			YES	144	
011	ACV				500	250	500	641			YES	144	

\*\* F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage  
\*\*\* YES Designates Waiver of Deduction/Loss of Use/Towing and Labor applies.  
## Designates Policy Level Additional Insured-Lessor applies  
@ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.
010	HUNTINGTON NATL BANK 2361 MORSE RD COLUMBUS OH 43229
011	CITIZENS BANK*PO BOX 255587 SACRAMENTO CA 95865

STAT CODES

AUTO NO.	CAR ID	TYPE RISK	PIP COV.	DED.	BI	PD	MED	U1	U2	BCC	COLL	LOSS OF USE	O.T.C.	AGE	SYM	ATD	EXP.	P R
010				01						0				7		0		N
011				01						0				3		0		0

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT
WFS	000	0	024	0	000	00	V	000	

**HOMEOWNERS RENEWAL POLICY DECLARATIONS CERTIFICATE  
MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION**

Two Center Plaza, Boston, Massachusetts 02108-1904  
(617)723-3800, (800)392-6108, FAX (800)932-6717

POLICY NUMBER

POLICY PERIOD

From 2/21/2021 To 2/21/2022

12:01 AM Standard time at the residence premises.

NAMED INSURED & MAILING ADDRESS

**JACQUELINE SAMPAIO**  
**41 PLANTATION ST**  
**WORCESTER, MA 01604**

PRODUCER

**BUCKLEY INSURANCE AGENCY, INC.**  
**398 BELMONT ST**  
**WORCESTER, MA 01604**

THE RESIDENCE PREMISES COVERED BY THIS POLICY IS LOCATED AT:  
**41 PLANTATION ST, WORCESTER, MA 01604**

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.  
Coverage is provided where a Premium or Limit of Liability is shown for the Coverage.

**SECTION I COVERAGES:**

	LIMIT OF LIABILITY	PREMIUM
A Dwelling	\$543,000	\$3,081
B Other Structures	\$27,150	
C Personal Property	\$162,900	
D Loss of Use	\$162,900	

**SECTION II COVERAGES:**

E Personal Liability - each occurrence	\$500,000	\$47
F Medical Payments to Others - each person	\$5,000	\$11
<b>TOTAL BASE PREMIUM</b>		<b>\$3,139</b>

**DEDUCTIBLE - SECTION I: \$2,500****FORM & ENDORSEMENTS made part of this policy at the time of issue.**

DED ADJ 10/00	DEDUCTIBLE ADJUSTMENT	-868
HO 00 03 10/00	SPECIAL FORM	
HO 01 20 9/01	SPECIAL PROVISIONS - MASSACHUSETTS	
HO 04 16 10/00	PREMISES ALARM OR FIRE PROTECTION SYSTEM	-71
	Credit: 2%	
HO 04 27 4/02	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE	
	Section I \$10,000	
	Section II \$50,000	
HO 04 90 10/00	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT	\$462
HO 04 96 10/00	NO SECTION II-LIABILITY FOR HOME DAY CARE COVERAGES	
HO 16 10 1/09	WATER EXCLUSION ENDORSEMENT	\$8
HO 23 71 7/05	MASSACHUSETTS TENANTS RELOCATION EXPENSE	-78
HO 24 41 9/01	LEAD POISONING EXCLUSION - MASSACHUSETTS	\$18
HO 24 82 4/02	PERSONAL INJURY	

**TOTAL PREMIUM ADJUSTMENT****-529****TOTAL ANNUAL PREMIUM****\$2,610**

THE ABOVE LIMIT OF LIABILITY FOR COVERAGE A HAS BEEN ADJUSTED TO REFLECT CURRENT RECONSTRUCTION COSTS. ALL OTHER SECTION I LIMITS HAVE BEEN ADJUSTED ACCORDINGLY.

MORTGAGEE

**BSI FINANCIAL SERVICES**  
**ISAOA/ATIMA**  
**PO BOX 961260**  
**FORT WORTH, TX 76161-0260**

RATING INFORMATION: 3 FAMILY

Frame

TERRITORY 45 PROTECTION 02

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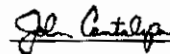
12:01 AM Standard time at the residence premises.

This policy shall not be valid  
unless countersigned by us:

Boston,  
Massachusetts

1/11/2021

Countersigned:



UMAHOOR

Homeowners - MA

INSURED COPY